



November 25, 2013

TO: [info@hmprg.org](mailto:info@hmprg.org)  
FROM: Illinois Academy of Family Physicians  
RE: Stakeholder Input on 1115 Waiver

The Illinois Academy of Family Physicians offers the attached resources and links below in order to **bolster support** for the Illinois Medicaid Program as it applies to the Centers for Medicare and Medicaid Services (CMS) for a comprehensive waiver granted under authority of Section 1115 of the Social Security Act. We recognize the *Path to Transformation* waiver will cover all populations who are currently eligible for Medicaid and who may become eligible after ACA implementation through four important “pathways.” We respectfully submit the following comments by “pathway:”

*Delivery System Transformation:* **Please identify the patient centered medical home (PCMH) as the base for all four pathways** as it forms the basis for Triple Aim. Likewise, **the concept of team-based care should be stressed throughout the waiver:** Family medicine graduate medical education trains physicians to lead interdisciplinary teams to deliver patient-centered medical care. Family medicine residents develop competencies in the bio psychosocial model, cultural proficiency, evidence-based practice, quality improvement, informatics, and practice-based research. IAFP supports the concept of allocating resources to existing practice to help them develop team-based competencies. Practices that receive these types of resources perform better than those that do not. See this [Graham Center 1 pager](#)

And even when these resources are put in place, ongoing support from payers for the PCMH concept is needed [See this Health Affairs article](#). To face the challenges of a patient population that includes so many people with chronic diseases, the PCMH must be fortified to increase their competencies to handle existing complex patients and to prevent future generations from becoming complex patients.

*Population Health:* As team leaders, **family physicians address the social determinants of health by partnering and collaborating with public health departments, social service agencies, and other community resources.**

Family physicians are integral within the continuum of care and use their skills and expertise in caring for patients across the lifespan to reach out to their communities, bridge health care gaps, and strive for better health for all.

*21st Century Health Care Workforce:* IAFP applauds the application for the 1115 waiver that has identified support for graduate medical education as a need. This is an area in which IAFP can provide a helpful perspective.

A recently released [study on graduate medical education \(GME\) funding](#) by the AAFP's Robert Graham Center for Policy Studies and The George Washington University School of Public Health has focused renewed attention on the nation's investment in GME funding and whether that investment is producing the physician workforce the country needs. [For more, see here](#).

The outcome? **There is a mismatch between population workforce needs and residency training.** Graduate medical education (GME) programs should be required to adhere to social accountability standards to promote the production of a physician workforce that meets the needs of local communities, as well as the country at

large. The Council on Graduate Medical Education has voiced concerns about the use of GME to meet hospital financial needs rather than the health care needs of the country. Key policymakers at the state and federal level should consider ways to increase GME accountability to population needs. That message is reinforced in an article published in the September [Journal of Graduate Medical Education](#) . Family Medicine residency programs are the most effective in producing primary care physicians, with more than 90% of graduates going into clinical ambulatory practice; as compared to internal medicine 37+% including hospitalists and 50+% plus for pediatrics.

As a first step, the study provided a framework for social accountability that encompassed three overarching themes:

- creating a diverse physician workforce to address regional needs and primary care and subspecialty shortages,
- ensuring quality in training and care to best serve patients, and
- providing service to surrounding communities.

Family medicine supports training predicated on competency-based curricula as well as a core set of skills, processes and knowledge. Training should: 1) be consistent with community needs, 2) support innovation to encourage enhanced quality and efficiency, 3) provide graduates with the ability to build and manage clinical practices – including practices delivering care in new models, **such as the patient-centered medical home**, and 4) be able to adjust to meet current and future patient needs and medical knowledge.

For more information on modernizing graduate medical education, go [here](#).

**Teaching Health Centers - part of the workforce solution:** The five-year, \$230 million Teaching Health Center Graduate Medical Education ([THCGME](#) program) is designed to boost the number of primary care residents trained in teaching health centers (THCs), which are community-based ambulatory care centers that operate a

primary care residency program. Unlike Medicare GME dollars, which go mostly to the general fund of hospitals, THCGME payments go directly to community-based sites. The funding is tied to specific health care workforce goals, and THCs must report annually on the types of primary care training programs offered, the number of resident positions, and the number of residency graduates who care for vulnerable populations in underserved areas. **Illinois has one of the eleven teaching health centers:** A consortium including McGaw Medical Center of Northwestern University, Erie Family Health Center and Norwegian American Hospital received the THCGME grant that could reach \$16 million over five years to support an innovative new program to expand the primary care workforce. The grant will fund family medicine outpatient residency training in a community-based setting that emphasizes preventive and chronic disease management. More info? Go [here](#).

The concept offered in the 1115 waiver proposal of an accountable source of Medicaid Graduate Medical Education funding linked to outcomes for the workforce that is needed, is strongly endorsed by IAFP. A [new study](#) shows that many residents trained in safety net settings go on to work in those settings. And [another](#), that increasing percentage of family physicians work within 100 miles of where they are trained. The Teaching Health Center at Northwestern/Erie is a great pilot site for what could be many more such Teaching Health Centers associated with Illinois FQHCs. SIU Center for Family Health in Springfield, SIHF SLU Belleville are just two that are “shovel-ready” to become Teaching Health Centers, with others like University of Chicago/NorthShore University “near ready” for Chicago’s south side and Waukegan.

**Finally, some general observations:**

- Please use “payment” rather than “reimbursement” throughout the waiver.
- The [story](#) of Illinois Medicaid reform begins in 2006 with the primary care case management program, Illinois Health Connect, which put in place a PCMH-light program combined with Your Healthcare Plus, a chronic disease management program. These programs introduced the tri-partite payments of fee-for-service, per member per month and pay for performance. Over four years (2007-2010) these programs

together saved \$2 billion against expected expenditures, trending from 5-6% annual savings in 2007 to 12-13% in 2010. Illinois Health Connect alone saved \$500 million over expected expenses. The Illinois Medicaid program continues to be Illinois' strongest and most widespread movement towards practice transformation. The private marketplace in Illinois has not moved nearly as far.

- Bi-directional health in primary care (PCPs in behavioral health settings and behavioral health specialists in primary care settings) needs emphasis.
- MCO contracts (in addition to CCEs and ACEs) need to have PCMH, or patient centered medical home as basis for services.

### **Concluding Remarks**

As one of our long-standing family physicians said, "I realize that many do not recognize our unique skills and place in the system, but that should not deter us from doing the job that we are trained to do." The Illinois Academy of Family Physicians believes it's time for primary care to be front and center along with the population it serves.

Please consider these credible resources as well as our offer to work with the state of Illinois to improve and change funding for graduate medical education and working towards the future strength of Primary Care in the State of Illinois.

For additional details or any further information, please contact:

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